



ISSUE BRIEF

Helping Children Cope with Stress and Trauma

CHILD DEVELOPMENT PROGRAMS ADVISORY COMMITTEE

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Overview

Children in California have been confronted with an overwhelming series of traumatic events including fires, earthquakes, floods, mud slides, civil unrest and continued violence in our neighborhoods and schools.

In addition to these man-made and natural disasters, the media brings the tragedy in Oklahoma into all of our living rooms. Young children may be more affected than we realize as they struggle with concepts like then:now, here:there, close:far away.

From A Child's Perspective...

- a young child may think that *another* building has fallen down every time they see the repeated coverage of the devastated Oklahoma federal building
- continuous viewing of rescue efforts can cause young children to think that adults and children everywhere are hurt and in danger
- seeing parents or teachers distraught or hopeless will make children worry about their own safety
- the young child's egocentric concern of, "Who will take care of me?", is developmentally appropriate and does not indicate a lack of compassion for others..

Child Care & Family Partnerships

Child Development staff or parents will not be able to "be there" emotionally for the children unless their needs and issues are dealt with. Program administrators may want to invite staff and parents to a meeting to identify issues and brainstorm any possible solutions. It can also be helpful for adults to have their feelings shared and validated.

Agendas may include:

- Developing consistent approaches with how adults will talk to children about violence, death and personal safety
- Sharing ideas and resources on how to help adults and children express and work through grief, anger and fear
- Evaluating safety procedures and adding precautions to enhance the peace of mind of adults and children
- Sharing parent and provider information on changes in the child's behavior and stress indicators that may require medical or mental health intervention

Minimizing the Effects of a Traumatic Event

- Limit or eliminate television coverage of frightening images.
- Maintain routines to help children feel safe and to minimize physical complications due to disruption or sleep or eating habits.
- Be cautious about adult discussions when children are present. Children are often most attentive when they look like they are not paying attention!
- Offer extra reassurance and comfort to help children deal with heightened fear of separation from parents and teachers.
- Help children put events and concerns into perspective. Bad things happen and people can be hurtful, but most people are kind and caring.
- Listen to the child and validate their feelings. We can't help children work through feelings and concerns if we don't understand what they are thinking and feeling.
- Offer a variety of ways for children to express themselves; one-on-one conversations, small group discussions at story time, art projects, dramatic play, journals, murals.
- Provide ways for children to reach out to people directly affected by the disaster. Make cards, collect and send relief supplies, plant a commemorative tree or garden.
- Offer regular and on-going opportunities for children to express their feelings and concerns. Each child will deal with their feelings at their own pace. Some children will want to talk right away, others may only share bits and pieces.

Questions to Help Children Express Their Feelings & Concerns

"What was your first thought when it happened?"

"Do you worry about it happening to you?"

"What could we do to help you feel safer?"

"How do you feel today?"

"What could we do for the children in Oklahoma?"

We must take care of the caretakers in order for them to take care of the children

Post-Traumatic Stress: A Reaction to Exceptional Stress and Trauma

Post Traumatic Stress is a condition that can occur with both children and adults. The physical and emotional effects of Post Traumatic Stress Reaction can have long term negative and harmful consequences.

The Diagnostic and Statistical Manual of Mental Disorders states that the following symptoms of PTSR would be present to a greater or lesser degree:

- 1) A *reexperiencing* of the trauma through recurrent memories, flashbacks or distressing dreams. Memories can be heightened by an incident that "triggers" our past trauma (i.e.: the smell of smoke, a siren, an aftershock, a gunshot).
- 2) An *avoidance* of discussion or activities relating to the event as an effort to defend against painful thoughts or feelings experienced during the trauma. A child who refuses to discuss the trauma should not be assumed to have no memory of or reaction to the trauma.
- 3) A *numbing* of emotions that reduces or eliminates the ability to connect to people or to activities that were previously enjoyed.
- 4) A *hypervigilance* or "full alert" operating mode that can produce actions such as: fitful sleep, jumpiness at loud noises, unusual irritability or difficulty completing tasks.

Child Development & Mental Health Partnerships

The growing and complex needs of children and families often go beyond the resources and capabilities of child care programs. Child care programs can however provide a critical linkage between families and community mental health services.

Developing inter-agency networks can provide programs with helpful consultation and bridge the barriers for children, parents and staff to seek out help and support.

Although community resources will vary, suggestions for establishing partnerships include:

- County Department of Mental Health
- Colleges and Universities
- School Districts
- Social Service Agencies
- Local Child Care Coordinator
- Churches / Religious Organizations
- Head Start
- Red Cross
- FEMA (Federal Emergency Management Association)

Children don't always

use their voices

when they are calling out for help

Cause for Concern

Particularly in cases of unexpected and violent death, the feeling of loss can "trigger" other unresolved losses or fears that we carry from past experiences. The depth of reaction can go beyond the current trauma, overwhelming adults and children.

Physical and emotional reactions to stress and trauma are to be expected. However, when the following symptoms are present for more than 4-6 weeks, medical or mental health resources should be consulted:

- change in sleep patterns (sleeping more or insomnia)
- nightmares
- change in eating habits (loss of appetite or eating more)
- stomach or intestinal distress
- crying all the time
- feelings of hopelessness
- extreme fatigue or irritability
- isolation
- loss of concentration or decrease in attention span
- loss of interest in favorite activities
- extreme separation anxiety

*Post Traumatic Stress intervention
and support is critical for children
as well as for adults.*

*Prolonged exhaustion, frustration and fear
can damage social relationships,
hinder cognitive development,
create a pessimistic attitude
about the future
and damage self-esteem*

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